

WORK SCHEDULE DESIGNATION FORM

NAME	DATE	SIGNATURE
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PLEASE INDICATE YOUR PREFERENCE OF SCHEDULE BELOW:

7:00 a.m. – 3:30 p.m.	<input type="checkbox"/>	8:30 a.m. – 5:00 p.m.	<input type="checkbox"/>
7:30 a.m. – 4:00 p.m.	<input type="checkbox"/>	9:00 a.m. – 5:30 p.m.	<input type="checkbox"/>
8:00 a.m. – 4:30 p.m.	<input type="checkbox"/>		

APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR	DATE
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REVIEWER/SECOND LEVEL SUPERVISOR	DATE	BEGINNING DATE
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REPORT ANY EMERGENCY EXCEPTIONS TO YOUR STANDARD SELECTED SCHEDULE BELOW:

SCHEDULE WORKED	DATE	SCHEDULE WORKED	DATE
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SCHEDULE WORKED	DATE	SCHEDULE WORKED	DATE
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APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR	DATE
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REMARKS:

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